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December 4, 2009

To: Supervisor Don Knabe, Chairman
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From: William T Fujioka
Chief Executive Officer

SUPPLEMENTAL INFORMATION RELATED TO THE FINAL REPORT ON PROGRESS AND IMPACT OF THE PUBLIC HEALTH SEPARATION AND REVIEW OF PROGRAMS WITH POTENTIAL FOR TRANSFER (AGENDA OF DECEMBER 15, 2009)

On October 6, 2009, this Office was scheduled to present our memorandum dated September 16, 2009, and entitled, *Final Report on the Progress and Impact of the Separation of Public Health and Review of Programs with Potential for Transfer from the Department of Public Health to Other Departments.* That presentation was continued to the November 10, 2009, meeting of your Board and, subsequently, to your December 15, 2009 meeting.

BACKGROUND

As reported previously to your Board in our September 2005 Progress Report, this Office established a planning group, consisting of staff from the Department of Health Services (DHS), including Public Health, the Department of Human Resources (DHR), and this Office, in order to develop the comprehensive report and recommendations to your Board on establishing a separate Public Health Department.

At that time, the planning group discussed, in broad terms, the programs to be included in the separate Public Health Department, with the basic agreement that programs should be aligned as they were then, unless there were strong reasons to move them.

As directed by your Board on May 30, 2006, when approving the new Department of Public Health (DPH), this Office led a review of the programs in DPH "that identifies current Public Health responsibilities that are not aligned with its core mission and which recommends the most appropriate organizational setting for each of these programs." The report was included in our September 16, 2009 memo.

Further, this Office led a review that included programs in DHS to determine whether there were, similarly, DHS responsibilities that are not aligned with its core mission and could be recommended for transfer. Staff from the DHS, DPH and the Department of Mental Health (DMH) participated in this review.

This memo provides information which supplements, and in some instances incorporates, the response we provided in our September 16, 2009 memo and seeks to address subsequent questions and requests for information from your offices. Specifically, the review reported in this memo included the County's Emergency Medical Services (EMS) agency and Public Health Center clinic services (i.e. Tuberculosis [TB], sexually transmitted disease [STD], and immunization services).

DETERMINING CRITERIA FOR PROGRAM PLACEMENT

One of the most important criteria or factors in determining the organizational placement of a County program is assessing how the service(s) provided under the particular program align with the missions of the County's various departments to ensure as much consistency in mission as possible. Programs whose mission is solely focused on public health would not be recommended for potential transfer. However, programs with cross-cutting mission and operations, such as DPH's Alcohol and Drug Program Administration (ADPA), Antelope Valley Rehabilitation Centers (AVRC), Children's Medical Services (CMS), and Office of Women's Health (OWH), offer the potential for closer consideration of their placement in other departments. It is for this reason that the four programs identified above were originally identified and discussed in our September 16, 2009 memo.

In addition to mission alignment, two other factors this Office used to determine whether a County program should be organized under DPH or another County department include assessing whether: 1) the program has a population-based, prevention focus, rather than an individual, and/or safety net focus; and 2) the program would enable DPH to have a diversified portfolio of programs that contribute to DPH's mission, including health promotion and prevention as well as health protection and preparedness.

HEALTH AND MENTAL HEALTH SERVICES CLUSTER DEPARTMENTS' MISSIONS AND SERVICES

DHS, DMH, and DPH each provide an array of important services to the residents of Los Angeles County and are often grouped together in conversation regarding programs and services; however the three departments have distinct missions, roles, and responsibilities.

Department of Health Services

DHS specializes in providing a wide array of health care services ranging from primary care, specialty care, inpatient care, including acute psychiatric inpatient care, and emergency and trauma care services. The DHS services population are principally the low-income uninsured and Medi-Cal patients. DHS also organizes managed care through its Community Health Plan, and organizes and manages the County's overall emergency medical network comprised of public and private hospitals through its Emergency Medical Services Agency.

Department of Mental Health

DMH focuses on the organization and delivery of prevention and treatment services for persons with severe and persistent mental illness. The DMH service populations include adults, older adults, and children and youth.

Department of Public Health

DPH focuses on population-based disease detection and control, health promotion and prevention services, and services to unique and/or vulnerable populations which require highly specialized services such as Tuberculosis, Sexually Transmitted Diseases, Human Immunodeficiency Virus, maternal and child health, and substance abuse.

POTENTIAL PROGRAM TRANSFERS

While the following four programs were reviewed and discussed in our earlier report, we have included them again in this report, for ease of reference and, in some instances, to provide additional information regarding our review and justification for recommending that they remain as part of the DPH organization.

I. Alcohol and Drug Program Administration

The organizational placement of ADPA within the County was analyzed and it was recommended that it remain in DPH. Our report noted program and policy, fiscal and administrative, and operational issues associated with transferring ADPA from DPH to DMH. Among the reasons for keeping ADPA in DPH, was need to maintain a prevention focus with respect to substance abuse in addition to the organization and delivery of treatment services. This focus is similar to the DPH Tobacco Control and Prevention Program. As noted in the report, some of the substance abuse and mental health services need better integration that can be accomplished via an MOU between DPH and DMH.

II. Antelope Valley Rehabilitation Centers

The residential substance abuse treatment services provided at AVRCs have an inherent linkage with ADPA. DPH is currently working on improving the service quality at AVRC including the establishment of better service linkages to DMH, the courts, and other partners. At this time, it is recommended that AVRC remain under DPH.

III. Children's Medical Services

There are several reasons for recommending that CMS remain under DPH. CMS provides a broad spectrum of services including eligibility screening and treatment planning preventive screening, diagnostic, treatment, rehabilitation, and follow-up services. CMS is responsible for not only the direct care to eligible children, but also the certification of public and private providers that provide specialized health care services. CMS is also responsible for managing the County's Child Health and Disability Prevention Program which assures preventive health screening services for low income children though provider certification and training, and public health nursing follow-up for children with identified health problems. Finally, as a program within DPH, CMS maintains a close collaborative relationship with the Maternal, Child, and Adolescent Health Programs, thereby allowing the two programs to address the health care needs of children and families. For these reasons, it is recommended that CMS remain under DPH.

IV. Office of Women's Health

The mission of the Office of Women's Health (OWH) has evolved beyond its original patient care focus and treatment services for women. The program now focuses on a population-based approach with current activities emphasizing prevention. For this reason, it is recommended that OWH remain under DPH.

In addition to the programs above, the subsequent review included the following two program areas.

I. Emergency Medical Services

At the time of this Office's analysis of the proposed separation of DPH from DHS, EMS was a program whose responsibilities and organizational placement was specifically analyzed. Although this analysis was brief, this Office's June 9, 2005, memo to your Board clarified that although some of the services provided through EMS were similar in nature to that of DPH's Emergency Preparedness and Response Program (also known as the Bioterrorism Program), the primary mission of EMS was still different than that of the Emergency Preparedness and Response Program. Therefore, at the time of the separation, EMS was not recommended for transfer to the new DPH. Based on our current review of the EMS program, we continue to recommend that EMS remain under DHS organizationally.

Under the EMS Systems Standards and Guidelines, outlined in a September 2003 report to the Emergency Medical Services Commission, the functions of a local EMS agency are defined as planning, implementing, monitoring, and evaluating the local EMS system. Further 24 of the 31 local EMS agencies that responded to a statewide survey mirrored Los Angeles County's structure, as these local agencies were a division reporting to the Department of Health Services.

In adhering to its first mandate of planning, implementing, and operating the EMS system, DHS' EMS agency must coordinate the paramedic communications system and information systems technology. As part of this responsibility, EMS coordinates transfers to County hospitals through the Medical Alert Center. Further, EMS has a responsibility to maintain the public safety net by ensuring the availability of a core of base hospitals to direct field care in the emergency medical services system.

Although EMS has responsibility for disaster preparedness and planning, it must be noted that these preparedness and planning efforts relate directly and specifically to patient transfers between hospitals, as opposed to DPH's Emergency Preparedness and Response Program's broader mission of preventing and mitigating the public health consequences of natural and intentional emergencies for Los Angeles County residents through threat assessment, improved operational readiness, and timely response.

II. Public Health Clinic Services at DPH Health Centers

The services provided at DPH Public Health Centers are specialty in nature, as opposed to health care services delivered by DHS. Examples of these specialty care

services include the treatment of communicable diseases such as TB and STDs. Services also include immunizations and some HIV/AIDS testing and treatment services. One of the key reasons for aligning these clinical services in DPH is that they enhance the ability of DPH to perform disease investigation (contact tracing) and thus are part of the effort to control disease in the community. This is particularly important in TB which can spread easily, or STDs which is prevalent among certain groups who do not frequent traditional health care settings because of barriers to care or the need for anonymity. Clinical public health services also allow DPH to maintain a ready state capability to provide prophylactic medicines or vaccines, as evidenced by the recent H1N1 response. Finally, the alignment of intergovernmental public health funding streams within the same department allows for consistency and budgetary ease. For these reasons it is recommended that the DPH Public Health Centers remain under DPH's authority.

DPH SEPARATION AND THE IMPACT ON THE PROVISION OF SERVICES

Aside from the realization of the benefits and justifications outlined at the time of this Office's DHS-DPH separation analysis, such as addressing new and existing public health issues and avoiding potential budgetary impacts on DPH operations as a result of DHS' projected deficit, each of the two departments has experienced an increased ability to focus in on their core initiatives, as well as the level of services provided to the community.

By separating the two departments and allowing each organization to hone in on their core competencies, not only has the level of services provided by each department become more focused, but as mentioned above, intergovernmental public health funding streams have been aligned organizationally, TB and STD prevention and surveillance efforts have been protected, if not enhanced, by the data received through DPH Public Health Centers, and patient confidentiality has been protected.

SUMMARY

In conclusion, not only do organizational missions and competencies assist in determining the organizational placement of a particular program, but the understanding of and ability to meet the needs of the specific clientele/segment of the population, ensuring that a diversified portfolio of related services is offered and/or provided, and ensuring that the servicing department is the one most capable of and qualified to provide the type of care needed are all determining factors and/or tests taken into consideration when assessing the most appropriate organizational placement of a particular program.

Furthermore, as described above, the separation of DPH from DHS resulted in both departments being able to more sharply focus on the provision of services and the development and implementation of initiatives specific to their department. This ability to hone in on core competencies has allowed the two departments not only to maximize resources and opportunities, but as a result, to be more responsive to and accountable for the personal health care and public health of the County's residents.

If you have any questions please contact me, or your staff may contact Richard F. Martinez at (213) 974-1758 or at rmartinez@ceo.lacounty.gov.

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